46 Neame: *Melanoma of Conjunctiva;* Gann: *Pigmentation of Fundi*

Familial Macular Degeneration.

By HUMPHREY NEAME, F.R.C.S.

PATIENT, a woman, M. S., aged 40, who says she has always had defective vision. I managed to see her brother, F. B., and examine him, and I found he had vision to the extent of $\frac{2}{12}$ only. I could not get him to read $\frac{6}{60}$ with correction; he had a high error of refraction, a mixed astigmatism of 3·5 dioptres. He frequently drives a motor between Kingston and London, and, up to the present, he has not had an accident. The brother's macular degeneration is less than the sister's. He simply has a delicately marked pigmented ring at the centre of the macula. The sister has a more marked change, with pale patches and streaks at the macular region, and slight pigment around them. There is a third member of the family, another brother, whom I have not been able to see. From the accounts of the brother and sister, evidently he also has defective vision, but I am not able to verify the condition of his fundus. The woman you have seen has vision $\frac{6}{36}$ in each eye.

Melanoma of Conjunctiva.

By HUMPHREY NEAME, F.R.C.S.

PATIENT, a male, aged 60. Occupation, brass finisher.

History.—A brown spot had been noticed on the white of the left eye since an injury from sulphuric acid at the age of about fourteen years. The patient came to hospital for examination for glasses because of headaches with near work. Right vision $\frac{6}{24}$ + 2·5 D. = $\frac{6}{6}$. Left vision $\frac{6}{24}$ + 2·5 D. = $\frac{6}{6}$.

Present condition.—A dark brown slightly raised patch in the conjunctiva close to the limbus at 10 to 11 o'clock. It is movable over the sclerotic except where tethered at the limbus. Coloured drawing made October 9, 1926.

This is an interesting example of pigmented tumour, of which I had a drawing made, in order that I may see whether there is any increase in size. If so, I shall excise the growth as freely as possible, from the surface of the eyeball.

Congenital Pigmentation of the Fundi.

By J. HURNDALL GANN, L.R.C.P.Lond., M.R.C.S.Eng. (Introduced by Mr. HUMPHREY NEAME.)

PATIENT, a girl, aged 8.

History.—Measles three years ago. Left eye became red and was afterwards noticed by parents to turn in. Out-patient Royal London Ophthalmic Hospital, under care of Mr. Lang in November, 1923 and August, 1925. Lenses prescribed for constant wear.

July, 1926.—Left convergent comitant squint. Now wearing.—RIGHT: $\frac{6}{36}$, + 3·00 sph. + 2·00 cyl., 90° = $\frac{6}{9}$. LEFT: $\frac{2}{60}$, + 4·00 sph. + 2·00 cyl., 90° = $\frac{6}{60}$.

Numerous shaded black patches of irregular size and shape are scattered over both fundi. The largest are towards the periphery, and are all deep to the retinal vessels.

Mr. HUMPHREY NEAME said that he got into touch with Mr. Lang about this case. Mr. Lang said that the patient had been shown a year ago at a meeting of the Section, at the same time as two other cases, one a case of marked pigmentation in a congenital syphilitic choroiditis, and the other a case of retinitis pigmentosa. When they were placed side by side the difference was apparent. In the present case there were discrete circumscribed patches, which had been described as sarcinoid groups. Some of the marks resembled the footprint of an animal.

Associated Movement of Jaw and Lid.

By F. A. JULER, F.R.C.S.

THE case of this patient, a girl, aged 5, illustrates jaw-winking movements, i.e., associated movements of the jaw and upper lid, a condition which, I think, was first described by Marcus Gunn many years ago. I have seen only one or two other cases. It affects one lid only, in this case the left upper lid. At rest the lid droops nearly completely, but when the child opens her mouth, as in chewing, the upper lid goes up into its proper position. Presumably there must be some abnormal connexion between the motor root of the fifth nerve supplying the external pterygoid and the nerve to the levator muscle, the upper division of the third.

Mr. GRAY CLEGG said that this case reminded him of that of a boy, in whom, when he was eating, especially sweet things, epiphora began to appear.

MISS IDA C. MANN, F.R.C.S., showed the following cases: (1) Unusual Case of Retinitis Proliferans. (2) Result of Plastic Operation for Rodent Ulcer of Lower Lid. (3) Arterio-Sclerotic Retinitis.

? Choroidal Exudate.

By IDA C. MANN, F.R.C.S.

I HAVE shown this case because I would like to hear opinions as to its nature. The patient has no albuminuria, nor are the retinal vessels obviously sclerotic though the blood-pressure is 230 mm. Hg. The fundi show glistening white dots, particularly grouped in the temporal part of each. They are deep to the retinal vessels, which run over them unchanged. There are also larger pale areas which would seem to lie deep to the retina in the choroid. I am uncertain whether to class the case as one of choroidal exudate or as an atypical form of retinitis circinata.

Mr. ERNEST CLARKE (President) said this condition was much more like a choroidal exudate than retinitis circinata; it certainly had no resemblance to a typical case of the latter.

Case of (?) Blood-staining of the Cornea.

By H. P. GIBB, F.R.C.S.

Mr. ERNEST CLARKE (President) reminded the Members that the stain (hæmatoidin) was absorbed from the periphery to the centre, and he said that this case was shown at too late a stage to exhibit the extraordinary resemblance the condition had to the lens dislocated forwards and lying at the back of the cornea, which was the appearance of an early typical case. Thirty years ago Mr. Treacher Collins read a paper on this subject before the Ophthalmological Society,[1] and twenty-three years ago he (the speaker) showed a typical case of it.[2]

1 *Trans. Ophth. Soc.*, U.K. (1894-95), 1895, xv, 69.
2 *Ibid.* (1902-3), 1903, xxiii, 322.